this

copy

director,

funeral within

PY

9

burial transit permit.

physician and completely

may be retained by the hospital or attending physician.

PHYSICIAN

The bottom copy ATTENDING

filled

After 0

hours after death. third

77

registrar the

1. PLACE OF DEATH

COUNTY

OR TOWN

3. NAME OF DECEASED

Male

HOSPITAL OR INSTITUTION OR

(Type or Print)

13. FATHER'S NAME

Caroline

end give nearest town)

10e, USUAL OCCUPATION (Give kind of work

Farmer

done during most of working life, even it

(If outside corporate limits, write RURAL

COLOR OR

White

Federalsburg - Rural

Russell

(First)

Near Friendship

(Mi

SINGLE, MARRIED

WIDOWED, DIVO

(Specify) Varr

10b. KIND

Farm

OR IN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10640CERT

			CE (HOME) OF DE		
MARYL			nd county		
LENGTH OF (in this pl Life		OR	alsburg - R		X
		STREET ADDRESS Nea	(If rurel give r Friendshi		1
dle)		(Last)	4. DATE (Mont	h) (Day)	(Yaar)
in		Andrew		ovember 1	5 1955
CED.	8. DATE	OF BIRTH 9	. AGE lest birthdey		IF UNDER 24 HR
ed	Octob	er 25, 1900	55 yrs.	Months Days	Hours Min.
F BUSINESS USTRY WINER		11. BIRTHPLACE (State or foreign Caroline Count		COUN	OF WHAT
		14. MOTHER'S MAIDEN N	AME		
		Minnie T. S	hick		
CIAL SECU	IRITY NO.	17. INFORMANT & AL	DDRESS		
one		Mrs. Ruth	E. Andrew,	Federalsb	urg Md.

21c. WHERE DID INJURY OCCUR? (City or town)

21f. HOW DID INJURY OCCUR?

Albert T. Andrew	Minnie T. Shick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give wer or deles of service)	Mrs. Ruth E. Andrew, Federalsburg, Md.			
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE 1433.00 IMMEDIATE CAUSE (A)	ATH 18. MEDICAL CEI	Adams Synd-	SOME	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	theart	Block.	4	Stris
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		10000		an Alitoney's
196. DATE OF OPERATION 196. MAJOR FINDI	NGS OF OPERATION			20. AUTOPSY ?

the attending physician and detached for use as a be detached

FUNERAL DIRECTOR: The law requires that the death certificate be filed death certificate assembly should been executed certificate has 2

that I attended the deceased from..... alive on.... SIGNATURE

(Month) (Dey)

(Yeer)

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

DATE THEREOF

Nov.18,1955

210, INJURY OCCURRED

Not while et work

NAME OF CEMETERY OR CREMATORY Crest Cemetery

ADDRESS (Street, city, town, state) DATE SIGNED Federalsburg, Maryland LOCATION (City, town, or county)

Federalsburg. Maryland

(County)

55, that I last saw the deceased

REC'D BY REGISTRAR

BURIAL, CREMATION,

REMOVAL (SPECIFY)

21d. TIME OF INJURY

21b. PLACE (Home, ferm, fectory,

OF INJURY street, office bldg., etc.)

et work

25. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federal Sburg,

A15C 1-55 10M

TUTETOERTHEICATE OF DEATH

The public block of the

Contraction of the second seco

Manager W. a. Waller THE PARTY OF THE PARTY

SAMOON AND CAMBRE - CARRIET

BUREAU V. S.

\$351 as you have the property of the life of the property of t

The state of the s CONTROL OF THE PARTY OF THE PAR

10647 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Caroline MARYLAND	STATE Md. COUNTY	lbot
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Cordova	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS auto accident	STREET (If rural, give location) ADDRESS rural	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Hazel Grace Bay	(Last) 4. DATE (Month) (Day OF DEATH NOV.	(Year) 1 19 55
Female White Widowed, Divorced, Mar.	31, 1917 9. AGE last birthday: IF UNDER 1 y 38 yrs. Months De	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10uscwife 10b. KIND OF BUSINESS OF INDUSTRY:	Talbot Co. Md.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James A. Allen, Sr.	Blanche Cannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mr. Lester Baynard Easton, Md	•
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a)	mmy !-	Versendagh
Antecedent cause(s)	Instruct	
Diseases or conditions, if any, (h)	Transmit	
giving rise to the ahove cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
PRIMARY IA or CONTRIBUTING OF Street, office hldg., etc., CAUSE OF DEATH.	Hellston Caroline	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY //- // 55/44 M. work 1 at work 1	Culomble becolent	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accid	lent N, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER □	
Lawson O Veorge	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER		
Burial (Specify): 11-15-55 Spring Hill C		. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/55 /m DU 7.00 79	Maurice 3. Newnam & Son East	on, Fld.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDIN

DECELVED NOV 21 1955 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18

MARTINAMI	DIALE DELAKIMEL	I OF HEADIN-	-DADIIMORE,	10
TADICIAL	TAV AMINITADIS	CENDARIA	ATOTA OTA	TITLLA FILLT

ct	MARILAND STATE DEPARTMENT OF	HEALTH—BALTIMURE, 18 Reg. Dist.
orre	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH No.
The cy.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WATCH ACCOUNTY
of information carefully. The feath clearly and legibly.	CITY (If putcide corporate limits, write RURAL CENGTH OF STAY OR and of e nearest town) TOWN LENGTH OF STAY (in this place)	
r and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
mation	3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARY ELLEN 3	CKLIN9 4. DATE (Month) (Day) (Year) OF DEATH // /8 1953
infordeath	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, SMITHTEN, 8. DAT	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
	Work done during most of work life, INDUSTRY:	OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIA Workland. 20.3. G.
every item	13. FATHER'S NAME: HICKS BREEDING	14. MOTHER'S MALLES SUSIE WALLS
t, T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	DINFORMANT & ADDRESS: Lemplaville, Md.
INK. Suppliplease write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Mediate cause	las Malening Interval Between Onset and Death
UNFADING Physicians: 1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	le decident
FA	stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ▼
	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bills., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	c. P. a Della care De la Care de Maral
E PLAIN especially	OF INJURY / 18 55-81:20 M. While at Not while at work to	
	22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 🗌 , Inspection 🔲 , Inquiry 🔲 , an
SITE is es	find that death resulted from: Natural causes [], Acci	ident Suicide , Homicide , Undetermined cause C
WRITE ge is es	Hauson O Teorge	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 1// 19/5 S
S S	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETRY REMOVAL' (Specify): 11/21/55 M.	RY OR CREMATORY LOCATION (City, town, or county) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR PROPERTY ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

NOV 85 DEC

BUREAU V. S.

1

The

legibly.

and

death clearly

Jo

causes

the

write

please

Physicians:

important.

especially

age

correct

INK.

Supply every item of information carefully.

UNFADING WITH WRITE PLAINLY, OR PLEASE TYPE

A15 - 10 - 53

VS.

maryland state 10643_{CE}	E DEPARTMEN			8 10649 Dist. No.
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Caroline	MARYLAND	STATELATYL	and countyCar	oline
CITY (If outside corporate limits, write RURA	L LENGTH OF STAY	CITY(If outside	corporate limits, write RUR.	AL and give nearest town)
X OR and give nearest town) TOWN Rural Goldsboro	(in this place)	TOWN Rura	1 Goldsboro	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS NON8		STREET ADDRESS	(If rural give locate None	tion)
DECEASED: (Type or Print) Albert	K. Brown		4. DATE (Month) OF DEATH: 11	(Day) (Year) 16 55 19
5. SEX: 6. COLOR OR 7. SINGLE, MAI RACE: WIDOWED, D		OF BIRTH:	9. AGE last birthday IF UND	
Male White Misperity'ed	11/15	/1887	08 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	ND OF BUSINESS		(State or foreign country):	
Farm Owner Non	18	Penna		U. S.M.
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
Harry Brown			erine Long	
(Ver no or unk) (If Ver give were or dates	SOCIAL SECURITY NO.	17. INFORMANT		IFA
of service)	.8-20-3653		vn Goldsboro,	114 •
I DISEASES OR CONDITIONS DIRECTLY LEAD O 3 %. IMMEDIATE CAUSE (A) ANTECEDENT CAUSE (S)	multip	le mye	lona	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE	то			
(C) II OTHER SIGNIFICANT CONDITIONS CONTR				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	I			
18-23-55 Stemel me	arow, aspu	rated: my	eloma cells	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING OF 21B. PLOR CONTRIBUTING CAUSE OF DEATH OF INJ	ACE (Home, farm, fact URY street, office bldg.,	etc. 21c. WHERE I	OID (City or town) (CR7	County) (State)
OF INJURY Wh. at v	work at work		INJURY OCCUR?	
22. I hereby certify that I attended the de	7		ov. 16, 1953 that I	last saw the deceased
alive in	NAME OF CEMETE	ADDRES	LOCATION (City, town	PATE SIGNED 18 1755 n. or county) New Catelog
DATE REC'D BY/LOCAL REGISTRAN'S SIGNER REGISTRAN'S AND PROPERTY OF THE PROPERT	Greensboro SNATURE SPILLE	LE Boul	Greensboro, RECTOR ALS STEEN	sloro, Md.

BUREAU V. S. VON . S.

Males access det 1. E Brillias at Eurolen Mil

72 hours after death. After this director, the third copy of this

24 hours after death.

within

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

ATTENDING

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10644 CERTIFICATE OF DEATH

10650

1. PLACE O	FDEATH				2. USUAL RES	IDENCE (HOME) C	F DECEA	SED	
COUNTY	Caroline		MARYL	AND	STATE Mar	yland cou	INTY Cal	roline	
CITY (If ou	side corporate limits, w	vrite RURAL	LENGTH O	FSTAY	CITY (Il outside	corporate limits, write RU			
	deralsburg	- Rural	(in this p	race)	TOWN Fe	deralsburg .	- Rural	1	×
HOSPITAL O					STREET		ral giva location		
STREET ADDR		er Road			ADDRESS	River Road			
3. NAME OF	(First)		(Middle)		(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print			Elizabet	th I	ickerson	OF DEATH	Novem	aber '	7 55
5. SEX	6. COLOR OR RACE	7. SINGLE, A	MARRIED, D, DIVORCED.	B. DATE C	OF BIRTH	9. AGE last birthd	lay IF UN	IDER 1 YEAR	IF UNDER 24 HR
Female	Colored	(Specify)		Novem	ber 20, 190	4 50	yrs. Month	ns Deys	Hours Min
10a. USUAL OCC	UPATION (Give kind of most of working life,	of work 10k	OR INDUSTRY		11. BIRTHPLACE (State of				N OF WHAT
retired)	Housework	- Vall (I	Home	- 1970	Caroline C	o., Maryland	i	U.S	A.A.
13. FATHER'S NA	ME				14. MOTHER'S MA				
Jo	hn Prattis	3			Ella V	Dickerson			
	SED EVER IN U. S. AR		16. SOCIAL SEC	URITY NO.	17. INFORMAN	IT & ADDRESS			
(Yes, no or unk.)	(If Yes, giva war or	dates of service)	220-12-02	025	David W	illis, Feder	ralsbur	rg. Md	
I DISEASES OF	CONDITIONS DIRECTL	V LEADING TO DE	18. MEI	DICAL CE	RTIFICATION			INTE	RVAL BETWEEN
	COMMINORS DIRECTE	I LEVINIO IO DE							
								ON	SET AND DEATH
	MEDIATE CAUSE	(A)		rhage	from lung			ON	hour
ANT	ECEDENT CAUSE(S)	DUE TO	Hemor		from lung			ON:	hour
DISEASES OR CO	ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE	DUE TO	Hemor					ON:	
DISEASES OR CO	ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST.	DUE 10 (B) DUE 10 (C)	Hemor		from lung			ON:	hour
DISEASES OR CO GIVING RISE TO STATING UNDER	ECEDENT CAUSE(S) DNDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO	DUE TO (B) DUE TO (C) ONTRIBUTING OTHE	Hemor		from lung			ON:	hour
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D	DUE TO (B) DUE TO (C) ONTRIBUTING THE	Pulmona	ury Tub	from lung		•	1	hour
DISEASES OR CO GIVING RISE TO STATING UNDER	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D	DUE TO (B) DUE TO (C) ONTRIBUTING THE	Hemor	ury Tub	from lung			1	hour year
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. ACCIDENT 1 OR CONTRIBUTING	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D	DUE TO (B) DUE TO (C) ONTRIBUTING D'THE DEATH. 9b. MAJOR FIND	Pulmona	Tub	from lung	OCCUR? (City or town)	. (0	1	hour
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OR OR CONTRIBUTING (IF EITHER, NOTIFY	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LAST CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D ERATION I VAS UNDERLYING CAUSE OF DEATH	DUE TO (B) DUE TO (C) ONTRIBUTING D THE LEATH. 9b. MAJOR FIND (Year) (Hour)	Pulmone Pulmone INGS OF OPERATION (Homa, larm, factorraet, office bidg., etc.) 21e. INJURY OCCL While No	TRED twhile	from lung		. (0	ON:	year D. AUTOPSY? NO
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIF TO THE DEATH DISEASE OR CO 19a. DATE OF OI 21a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D ERATION I VAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Day)	DUE TO (B) DUE TO (C) ONIRIBUTING OTHE EATH. 9b. MAJOR FIND I 21b. PLACE I OF INJURY st (Year) (Hour) M.	Pulmons Pulmons INGS OF OPERATION (Homa, Iarm, factory reat, office bidg., etc.) 21e. INJURY OCCL While Nolest work at a second of the work at a second of the work.	Tub	erculosis 21c. WHERE DID INJURY (OCCUR?		ON:	hour year D. AUTOPSY? NO (State)
ANT DISEASES OR CO GIVING RISE TO STATING UNDER SIGNIF TO THE DEATH DISEASE OR CO 19a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D ERATION I VAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Day)	DUE TO (B) DUE TO (C) ONTRIBUTING OTHE EATH. 9b. MAJOR FIND (Year) (Hour) M. attended the c	Pulmone Pulmone INGS OF OPERATION (Homa, larm, factor rest, office bidg., etc 21e. INJURY OCCL While Not st work at water	IRRED Work	erculosis 21c. WHERE DID INJURY (11/7 19	55 tha	ON:	year D. AUTOPSY? NO (State)
ANT DISEASES OR CO GIVING RISE TO STATING UNDER SIGNIF TO THE DEATH DISEASE OR CO 19a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO SINDITION CAUSING D ERATION 1 VAS UNDERLYING CAUSE CAUSE OF DEATH MEDICAL EXAMINER, URY (Month) (Day) V certify that I 11.5	DUE TO (B) DUE TO (C) ONTRIBUTING OTHE EATH. 9b. MAJOR FIND (Year) (Hour) M. attended the c	Pulmone Pulmone INGS OF OPERATION (Homa, larm, factor rest, office bidg., etc 21e. INJURY OCCL While Not st work at water	IRRED Work	erculosis 21c. WHERE DID INJURY of the control of	11/7, 19. the causes and on	.55, the	20 YES County)	year O. AUTOPSY? NO (State)
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OI 19a. ACCIDENT NOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO SINDITION CAUSING D ERATION 1 VAS UNDERLYING CAUSE CAUSE OF DEATH MEDICAL EXAMINER, URY (Month) (Day) V certify that I 11.5	DUE TO (B) DUE TO (C) ONTRIBUTING OTHE EATH. 9b. MAJOR FIND (Year) (Hour) M. attended the c	Pulmone Pulmone INGS OF OPERATION (Homa, larm, factor rest, office bidg., etc 21e. INJURY OCCL While Not st work at water	Tub V., URRED Work O/26 occurred a	erculosis 21c. WHERE DID INJURY of the control of	11/7, 19. the causes and on	.55, the	20 YES County)	NOUP O. AUTOPSY? NO (State) w the decease re.
DISEASES OR COGNING RISE TO STATING UNDER SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OIL 21a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIFY 21d. TIME OF INJ. 22. I herebalive on SIGNATU.	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D ERATION VAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Day) V CORTIFY that I 11.5 URE WATION. D D D D D D D D D D D D D D D D D D	DUE TO (B) DUE TO (C) ONTRIBUTING OTHE EATH. 9b. MAJOR FIND (Year) (Hour) M. attended the c	Pulmons INGS OF OPERATION (Homa, larm, factor) traet, office bidg., etc. 21e. INJURY OCCU While No at work at a deceased from and that death	JRRED while O/26 occurred a	erculosis 21c. WHERE DID INJURY of the control of	the causes and on ADDRESS (Street, cit	55, tha the date st y, lown, state)	20 YES County)	hour year D. AUTOPSY? NO (State)
DISEASES OR COGNING RISE TO STATING UNDER IT OTHER SIGNIFF TO THE DEATH DISEASE OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO DIDITION CAUSING D ERATION VAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Day) V CORTIFY that I 11.5 URE WATION. D D D D D D D D D D D D D D D D D D	DUE TO (B) DUE TO (C) ONTRIBUTING D THE DEATH. Ph. MAJOR FIND 1 21b. PLACE OF INJURY st (Year) (Hour) M. attended the company of the com	Pulmons INGS OF OPERATION (Homa, Iarm, factor) traet, office bidg., etc. 21e. INJURY OCCL While No et work at a deceased from and that death	JRRED Work Concurred a	erculosis 21c. WHERE DID INJURY of the two properties of the two	11/7, 19. the causes and on	.55, that the date st y, lown, stete)	20 YES County)	hour year D. AUTOPSY? NO (State) w the decease re. PATE SIGNE (State)
ANT DISEASES OR CO GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ 22. I hereb alive on SIGNATE 23. BURIAL CRE	ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS C BUT NOT RELATED TO SIDDITION CAUSING D FERATION IT WAS UNDERLYING D FOR CONDITIONS C WAS UNDERLYING D FOR CONDITIONS C WAS UNDERLYING D FOR CONDITIONS C WAS UNDERLYING D FOR CONDITIONS WAS UNDERLYING D FOR COND	DUE TO (B) DUE TO (C) ONTRIBUTING DIE DEATH. 9b. MAJOR FIND (Year) (Hour) M. attended the control of th	Pulmons Pulmons INGS OF OPERATION (Homa, Iarm, factory reet, office bidg., etc.,	URRED Work CONCERNET OR ALL HILL	erculosis 21c. WHERE DID INJURY 6 21f. HOW DID INJURY 6 3:20 AM, from Hurlock, CREMATORY 1 Cemetery	the causes and on ADDRESS (Street, cit Md.	.55, that the date stry, lown, stete)	20 YES County)	hour year D. AUTOPSY? NO (State) w the decease re. DATE SIGNE (State) Land

By: Ferome trauptom or.

ST PROMITEN STATE OF ANTHONY OF HEALTHANDING IS HTAIR TO STADISTING PLATH a 4 E CENTRAL CONTRACTOR The Tile of the Control of the Contr time of the land tolog ale mandago regy? Troctors of TOOK I P. I.C. and the said A. W. and because on the said and shown because falls the same the same of the same

The correct

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 10645CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10651

Reg. Dist. No.

I. PLACE OF DEAT	H•		2. USUAL RESIDENCE (HOME) OF DECEAS	ED.
COUNTY	Caroline	MARYLAND	STATE Maryla		countyline
CITY (If outside c	orporate limits, write RUR.	AL and LENGTH OF STAY (In this place)	II ()R		AL and give nearest town)
Y TOWN RIFES HOSPITAL OR	1 Goldsboro	oz Yrs.	TOWN Rural	Goldsboro	X
. INSTITUTION OF			STREET ADDRESS	(If rural, give l	ocation)
3. NAME OF				None	
DECEASED	(First)	(Middle)	(Last)	OF 3	(Onth) (Day) (Year)
(Type or Print) 5. SEX	1 Sauc	Elwood 1. SINGLE, MARRIED.	JOWNES 18. DATE OF BIRTH	DEATH	1 7 55 19
Male	Col.	WIDOWED, DIVORCED,	7/16/1893	9. AGE last birthday	Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
	orking life, even if retired)	INDUSTRY None	Maryland		U Countay?
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
15 W. Daniel B	Isaac Downe		Sus		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of	16. SOCIAL SECURITY No. 220-01-8374	17. INFORMANT AND A		252
IVO	mervice)	1 20-014		Goldsboro), 110.
		18. MEDICAL CE	RTIFICATION		INTERVAL BUTWEEN
1. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	105		ONSET AND DEATH
Immedial	0 001100 (0)	as assurances	Depuse	de.	2.60m-
Anteceder Diseases or	of cause(s)	0			
glving rise to	the above cause	***************************************		7 ************************************	
stating the u	nderlying cause last				
II. OTHER SIGNIFI	CANT CONDITIONS				1
Conditions contribu	ting to the death but not se or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
1/					Yes 🗆 🦙 🗆
21. EXTERNAL CAUPRIMARY DOR CO	USE WAS NTRIBUTING PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)
		RY	Wall Bib William and		
OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CUR?	
INJURY	m. I	work at work			
22. I certify that I	took charge of the rema-	ins described above, held an A	lutopsy . Inspection	, Inquiry [] ther	eon and from the evidence
obtained by said	a Autopsy, Inspection of	Inquiry, find that said dece	ased died on the day state	ed above, and death	in my opinion resulted
SIGNATURE	causes [], accident	, suicide , homicide , (Degree or title)	ADDRESS		DATE SIGNED
days	TX Cy	- 1 - 1/26	1 mars 16	Δ.	1 1110/05
(NOW COEN		AT WADDING	4 MORNEZ	estably 17/10	4 4/8/55
23. BURIAL, CREM. REMOVAL (Special Purial	ATION DATE THEREO	NAME OF CEMETE		COLDEDO (City, toward Coldsboro)	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG. 11/9/5	5 allen	Smith	J.E. Boulas	1 Streems	lores med.

BUREAU V. S.

SSAT DI NON

DECENA ED

(Year)

IF UNDER 24 HRS.

559

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

YES [

ADDRESS

Near Goldsboro.

EUNERAL DIRECTOR

Hours I

A15 W2

EA

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

26

REGISTRAR'S

BUREAU V. S.

DEC \$ 1962

Wellet Freth JE Bentons & wood one, ma.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

ct	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
The cly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
	COUNTY COrolene MARYLAND	STATE WELLEWOODINTY Stere	1
fully. To legibly.	CITY (If outside corporate limits, write RURAL OR and repeated town) TOWN LENGTH OF STAY in the place)	OR TOWN Reveal Felton	od give nearest town)
of information carefully.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
clearl	3. NAME OF DECEASED: (First) (Middle) OF Print) NOBLE	(Last) 4. DATE (Month) (De OF DEATH	(Year) 8 19 55
h c	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDO ED, DIVORCED,		
infordeath	Male While (Specif) and I . 3/	18/1918 37 vrs. Months I	Days Hours Min.
8 0	10a. USUAL OCCUPATION (Give kind of 10b. KING OF BUSINESS Of work flower during mot of work life, INDISTRY:	DR 11. BIRTYPLACE (State or foreign country): 13	COUNTRY!
	13. FATHERIS MME:	14. MOTHER'S MAIDEN NAME:	
every le cau	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	mary merials	
E T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (YYO, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: Unknown	Mary Weredeth Felt	middel.
Suppl	18. MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	t p k	ONSET AND DEATH
INK.	Immediate cause (8) lecchest	al Dalosumuna	Queldie
5-34	DUE TO	1	
NG.	Antecedent cause(s) Diseases or conditions, if any, (b) automobile	bacedent 1	
DI	Diseases or conditions, if any, giving rise to the above cause DUE TO		****
FA	stating underlying cause last (c)		
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
H.H.	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		l an Avimonova
LY, WITH important.			Yes No P
	21a. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING OF Street, office bldg., etc	•	(State)
E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY // 8 5 € 9.20 PM. While at work □	leute mobile beauter	
PL	22. I hereby certify that I took charge of the remains descri		Inquiry [], and
ES S	find that death resulted from: Natural causes [], Acci		
ris is	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
WRITE ge is es	Lauren O Jeorge	M. D. ASSISTANT MEDICAL EXAM.	11/17/55
SE	23 PURIAL, CREMATION, DATE THER OF NAME OF CEMETE	RY OR CREMATORY LOCATION (Gity, town, or	county) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	2. FUNERS DIRECTOR.	ADDRESS
14	11/21/00 1 (A. 11/2)	/ G. Today	77 00 1100 8

VS. A15A - 5 - 53

101

MARGIN RESERVED FOR BINDING

BUREAU V. S.

NOV 25 1955

MECENAE II

The

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

-1	ng	1 0					
1	UU	40	CERTIFIC	ATE	OE	DE	ATT

10		1	1	R	5	6
Die	N	3.	2	y	U	2

1 0 2 0 CERTIFICAT	TE OF DEATH Reg. Dist	t. No. 4/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Caroline MARYLAND	STATE Maryland countyCarol	ine
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town)	AY CITY If outside corporate limits, write RURAL :	and give nearest town
TOWN Greensboro (in this place)	s. Town Greensboro	×
HOSPITAL OR OSTREET ADDRESS Railroad Ave.	STREET (If rural give location) ADDRESS Railroad Ave.	
3. NAME OF (First) (Middle)		Day) (Year)
OECEASED: (Type or Print) Myrtie E: Pep	per DEATH: 11	13 559
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	TE OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
Female White Springle 12/7	7/1884 70 yrs. Months I	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
House Kusher None		S.A.
	14. MOTHER'S MAIDEN NAME:	
John P. Pepper	Emma Farein	
15. Was DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates 975_90_995	17. INFORMANT & ADDRESS:	Md.
(Yes, no, or unk.) (If Yes, give war or dates of service) 215-20-2295	Mary Katherine Porter Gre	ensboro
18. MEDICAD CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10	ONSET AND DEATH
17/X IMMEDIATE CAUSE (A ENCENO)	and (Course Libras	
IMMEDIATE CAUSE	and feeling were	
ANTECEDENT CAUSE (S)	//	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		HE WHITE T
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Country, etc. INJURY OCCUR?	ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Chr.	1. 30 1055 to Marc 13 1055 that I land	hann the Jersey
SIGNATURE	atlo: 40 M, from the causes and on the date	stated above. TE SIGNED
Clearly & years	M. D. //- /5	5-5-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TETRY OR CREMATORY LOCATION (City, town, or	county) (State)
Burial (SPECIFY) 11/16/55 Greensboy	0	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
nor 16/1955 0. Martin	& F. E. Doulais France	bors. md.
		1 1100

DECENTED AND A SECTION OF SECTION

BUREAU V. E.

MOV 25 1955

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Caroline MARYLAND	STATE Maryland county Carol	ine
CITY (If outside corporate limits, write RURAL LENGTII OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)
OR and give nearest town) TOWN Rural Marydel 2 Yrs.	TOWN Rural Marydel	×
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR None	ADDRESS	,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	
DECEASED: (Type or Print) Alice Blanche Pl	hillips OF DEATH 12	5519
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I	
Female RACE: WIDOWED, DIVORCED, 10/	21/1932 23 yrs. Months Do	Tours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	R II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
work done during most of work life, INDUSTRY: Resturant	Watauga County, N.C. U	CQUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lindsey Huffman	Maggie Main	
15 WAS DECEASED EVER IN U.S. ARMED FORCES ?	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	2 T 00 T 37 /1	
NO service) NONE	fillard Huffman Lenoir, N.C.	•
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a)	made =	the Tourse
DUE TO	. / -	
Antecedent cause(s)	legree being thoday	6.
Diseases or conditions, if any, (b)	the state of the s	
stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	A .: Process of a place of	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		L SA ATIMODONA
155. DATE OF OPERATION: 155. MAJOR FINDING OF OTERATION:		Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	21c. (City or town) (County)	(State)
PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	211 HOW DID INJURY OCCUR?	1500
INJURY // /2-55 3/M. work at work	Maffed in turny 1 an	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accid	lent K Suicide [], Homicide [], Undeter	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
(Hunson Uleargh	M. D. ASSISTANT MEDICAL EXAM.	11/12/0%
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):		71 2
Ramoval 11/13/55 Laomas Jen		
DATE RECORT LOCAL REGISTRAR'S SIGNATURE REG.	7. FUNERAL DIRECTOR	ADDRESS
11/19/33 Clok Land FINALL	y. S. Doulard X runsto	to Med.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEDUED V. S. 1000 S.

allen Smit

1,1

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11.065.6

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Caroline MARYLAND	STATE arvland COUNTY Caroling	e
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	
X TOWN Ridgely Rural 17 Yrs.	TOWN Ridgely	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET (If rural, give location) ADDRESS	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Gene Edward Rampn	1eyer DEATH 11 23	55 19
RACE: WIDOWED, DIVORCED,	9. AGE last birthday: IF UNDER 1 YED 1938	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT COUNTRY?
Lave Kretired innery None	Maryland U	.3.4.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
Gustave Rampmeyer	Larie 3. Hickman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) service)	17. INFORMANT & ADDRESS:	
Alo service) None	Marie Rampmeyer Ridgely, Md	•
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s)	enorthoge	INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The state of the s	
TO THE DEATH BUT NOT RELATED TO THE		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Defined bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while		(State)
INJURY 1 13 55 57 M. work at work		
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Accissignature		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): 11/26/55 Ridgely	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. REG. 11-26-55 Mary 6. Days	J. E. Bullais Greens	low , wd

MOV SO 125
NOV SO 125
NOV SO 125

4 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11761

10651CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (WOULD MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside competate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR end give naarest fown) (in this place)	OR N
x lown lega	TOWN Denton
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
00	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) CL/+18E/VCE /+/+18/1LEY	ROE DEATH NOV 30 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	11/ 10011 Min. Months Deys Hours Min.
he W Henried ling	/
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
vacto con co	a si
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tronias 1. Kol	wary alle Jukes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1. 17. INFORMANT & ADDRESS
(Yes, no for unka) (If Yes, give war or deles of service)	
1100	litral Clarence for, Jones, a
18. MEDICAL CE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4443 X IMMEDIATE CAUSE (A) Classel Alysia	Number - Yes See E. 172-56 MA
0115.70	
ANTECEDIAL CHOSE(3)	" O CAN IN IT SO DO.
GIVING RISE TO THE ABOVE CAUSE	The formation of the state of t
STATING UNDERLYING CAUSE LAST. DUE TO	Israio : Years
(C)	out has
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	ZII. HOW DID HOOK! OCCOR!
M. at work at work	
22. I hereby certify that I attended the deceased from OC.	10 1 10 1 1 last saw the deceased
	1/.4/14
alife on 19 and that death occurred	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Market Christal M.D.	NAGELY 12.3.50
23. BURIAL, CREMATION, Y PATE THEREOF I NAME OF CEMETERY O	
-REMOVAL (SPECIFY) Day 2 1955 1 2 4	
Durial Min, 2, 11 1) one	w penion, ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
- 1212/52 My 8 1 400 mg	I huse voon lo to
DATE N 2/33 1/11/00 Febral	J' word at J pour b, mid

MARKING STATE OF PARTHERS OF PRAIRY-SALTHERS OF ALLENOIS. IN

MYARG TO STADISTING

William Dist. We WA HANG

A CONTRACTOR OF CONTRACTOR OF CONTRACTOR

THE REAL PROPERTY AND ADDRESS OF THE PARTY O

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 106

1065 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Caroline MARYLAND	state@ryland countyCaroline
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Ridgely 70 Yrs.	or TOWN Ridgely
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
MOHO	None
3. NAME OF (First) (Middle) (DECEASED:	Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Martha Ann Royer	DEATH: 11 34 55 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White Specify ied 8/25/]	1885 70 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY: NONe	COUNTRY?
HOUSEWITE NONE	Maryland U.S.A.
Charles E. Bruce	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS;
No of service) None	Wayne Rover Ridgely, Md.
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O O O O O O O O O O O O O O O O O O O
260X (levy)	lest that Failure Harri
IMMEDIATE CAUSE (A) DUE TO	Tule 1
ANTEGEDENT CAUSE (S)	(10:11-0)
GIVING RISE TO THE ABOVE CAUSE	usual ward practical of the slave
STATING UNDERLYING CAUSE LAST.	5- 10 AID 5 10-17-
(C) (S) Ky Soles	515 - The Wakeley helding 413
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	the de the
DISEASE OR CONDITION CAUSING DEATH.	3 Ny Mushi. year
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	ory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M. at work at work	16 1000
22. I hereby certify that I attended the deceased from	that I last saw the deceased
Ave on 127.27 1900, and that death occurred at	3:45 Am from the causes and on the date stated above.
MIGNATURE	AODRESS DATE SIGNED
Thaile A Whister H M.	o. reliely ord 11.25-53
2 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (SPECIFY) 11/28/55 Ridgely	O Ridgely, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 -24. FUNERAL DIRECTOR (A ADDRESS
REGISTRAR /1-2/, 55 7/1124 6 2012 1	S.E. Am. Paris Margare One of med.
11 10-00 1 1 way (o. C) acca	John Marienalow, Mais

BUREAU V. S.

4. X

SG61 OS NON

DECENARY

The

X	carefully
	Supply every item of information
	item
91	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply
ARGIN	WITH
M	PLAINLY,
	WRITE
	OR
	TYPE
or or or or	PLEASE

1. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DECEASE	D:
county Caroline	MARYLAND	STATE Maryla	nd county Caro	line
CITY (If outside corporate limits, write R OR and give nearest town)	URAL LENGTH OF STAY (in this place)	CITY(If outside corp	orate limits, write RURAL	and give nearest town
Y Town Greensboro	10 min.		1 Goldsboro	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE		STREET ADDRESS	(If rural give location	/
3. NAME OF (First) DECEASED: (Type or Print) Herbert	(Middle) N. Set	(Last) th Jr.	4. DATE (Month) OF DEATH:	(Day) (Year) 25 559
5. SEX: 6. COLOR OR 7. SINGLE. WIDOWE COL. SPRING.	b, DIVORCED. 9/12/	/1954	Tyrs. IF UNDER 1 Months yrs. words	Days Hours Min
work done during most of working life, even if retired): None	or industry:	Maryland	U	COUNTRY
13. FATHER'S NAME:	210110	14. MOTHER'S MAID		
Herbert N.	Seth Sr.		. Henry	
(Yes, no, or unk.) (If Yes, give war or dates of service)	I Social Security No.	Herbert Seth	Coldshoro, I	id.
I DISEASES OR CONDITIONS DIRECTLY	8. MEDICAL CERTIFICAT	ION	1	INTERVAL BETWEE
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(A) treeque	Drdy en	argust.	15 hei
STATING ONDERETING CAUSE EAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T	THE			
DISEASE OR CONDITION CAUSING DE	FINDINGS OF OPERATION	N		20. AUTOPSY?
ISA, DATE OF OPERATION: ISB. MAJOR				YES NO
0	B. PLACE (Home, farm, fact	tory, 21c. WHERE DID	(City or town) (Con-	nty) (State)
21A. ACCIDENT WAS UNDERLYING 2 21E OR CONTRIBUTING CAUSE OF DEATH OF			Teenshers Con	213
21a. ACCIDENT WAS UNDERLYING 21b CONTRIBUTING CAUSE OF DEATH OF CHIPPER (Month) (Day) (Year) (Hour)	INJURY street, office bldg., HOME 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJ	reensboro Car	oline Md.
21a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OF CHIPPER (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJI	reensboro Car DRY occur? screw inte lar	ynx
21A. ACCIDENT WAS UNDERLYING 210 OF CONTRIBUTING CAUSE OF DEATH OF CHEER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOV. 25 155 4 Pm. 22. I hereby certify that I attended the chive on 19, and SIGNATURE	21E INJURY OCCURRED While at work Not while at work at work that death occurred at	Aspiration of S. P.M. from the capabless D. Greensb	screw into lar screw into lar 21, 1950, that I last sauses and on the date ord Md.	st saw the decease stated above. TE SIGNED
21A. ACCIDENT WAS UNDERLYING 22 10 OF CONTRIBUTING CAUSE OF DEATH OF CITY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOV. 25 155 4 Pm. 22. I hereby certify that I attended the alive on 19, and SIGNATURE	21E INJURY OCCURRED While at work Not while at work at work that death occurred at	Aspiration of Aspiration of Description of the Address Description of the Address Description of the Address Address ERY OR CREMATORY	screw into lar screw into lar sauses and on the date ord Md. LOCATION (City, town, Foldsboro, Md	st saw the decease stated above. TE SIGNED -26-55 or county) (State

BUREAU V. S.

DEC 6 1955

PECEINED